



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of:
YAMAMOTO *et al.*

Application No. 10/028,738

Filed: October 22, 2001

For: Method for Ultrasound Trigger Drug
Delivery Using Hollow Microbubbles
with Controlled Fragility

Art Unit: 3737

Examiner: IMAM, Alim

AMENDMENT UNDER 37 CFR § 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is:

- ☒ Amendment;
☒ a one month extension request is hereby sought;
☐ Other:

The fees have been calculated as shown below:

	Claims Remaining After Amendment	Minus	Highest Previously Paid For	Present Extra	Small Entity Rate Fee	OR	Other than a Small Entity Rate Fee
Total Claims	42	-	20	22	x 9 = \$198		x 18 = \$
Indep Claims	1	-	3		x 44 = \$		x 88 = \$
	[] Multiple Dependent Claim Presented and Fee not Previously Paid				+150 = \$150		+300 = \$
					TOTAL \$348		TOTAL \$ -0-

Total Additional Claims Fee:

\$ 348.00

- ☒ Applicant hereby petitions for a ONE month Extension of Time to respond to the Official
Action mailed June 2, 2004 and includes the following fee:

10/05/2004 ZJUHR1 00000068 10028738

03 FC:2251

55.00 OP

<u>Small Entity</u>			<u>Large Entity</u>		
<input checked="" type="checkbox"/>	One month	\$ 55.00	<input type="checkbox"/>	One month	\$110.00
<input type="checkbox"/>	Two months	\$215.00	<input type="checkbox"/>	Two months	\$430.00
<input type="checkbox"/>	Three months	\$490.00	<input type="checkbox"/>	Three months	\$980.00
<input type="checkbox"/>	Four months	\$765.00	<input type="checkbox"/>	Four months	\$1,530.00
<input type="checkbox"/>	Five months	\$1,040.00	<input type="checkbox"/>	Five months	\$2,080.00

Extension of Time Fee: \$ 55.00

- ☐ Fee regarding Information Disclosure Statement:
☐ Fee Under 37 CFR 1.17(p) \$
☐ Petition Fee Under 37 CFR 1.17(i) \$

Total Information Disclosure Statement Fee: \$.00

- ☐ Other fees (list individually):

Total Other Fees: \$.00
TOTAL FEES: \$ 403.00

- ☒ A check including the amount of the above indicated TOTAL FEES is attached.
☐ Please charge Deposit Account No. 50-2319 in the amount of \$ _____.
☐ No fee is required.
☐ Applicant is now a SMALL / LARGE entity.
☒ The Commissioner is hereby authorized to charge any underpayment of the fees associated with this communication under 37 C.F.R. §1.20(d), including any necessary fees for extension of time, or credit any overpayment to Deposit Account No. 50-2319: (A-72273/AMP/TJH (470255-37)).

Date: October 1, 2004

Respectfully submitted,

DORSEY & WHITNEY LLP



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